

Case Number:	CM14-0143601		
Date Assigned:	09/12/2014	Date of Injury:	04/06/2012
Decision Date:	11/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the provided documents, this is a 43-year-old woman with an injury date of 4/6/12 on a cumulative trauma basis. The injury involves the neck, upper back, mid back, right shoulder, forearm and hand. She has had conservative treatment with medication, wrist support, and physical therapy. She has had electrodiagnostic studies of the right upper extremity and an MRI of the right hand and wrist. She has also had acupuncture. A recent Panel Qualified Medical Examination (PQME) from 3/20/14 did not find the patient to be at maximum medical improvement particularly because most of the treatment had not been directed at the neck and shoulder girdles and was primarily directed for the forearm, wrist and hand. The disputed treatment is physical therapy 3x4 for the right wrist and hand addressed in a utilization review determination letter which noted a request for authorization dated 8/5/14. The reviewer had a 7/1/14 report from the requesting physician. A 6/3/14 progress report requested PT for the neck, bilateral shoulders and right wrist. That report noted that there had been recent electrodiagnostic studies that confirmed a bilateral carpal tunnel syndrome and bilateral shoulder strain (those studies were done on 4/8/14 and the eletromyelogram was negative for cervical radiculopathy, nerve conduction velocities were positive for the carpal tunnel syndrome). The patient was also given medications for pain. The number of PT sessions requested was not mentioned. A one month follow-up report of 7/14/14 noted subjectively that the patient had stated her neck had improved with PT but her hands less so. She had not completed PT at that time. There is an exam with findings of decreased range of motion of the neck, bilateral tenderness and spasm, and the wrist has decreased bilateral median nerve sensation with positive Tinel's and Phalen's bilaterally. Diagnoses were cervical spine strain; overuse syndrome, bilateral upper extremity; bilateral carpal tunnel syndrome clinically; and bilateral shoulder strain. The plan was to continue with the physical therapy for the neck, bilateral shoulders and right wrist 3 times a week

for 4 weeks, and medications for pain relief were dispensed. There is no mention in this report of how many recent PT sessions the patient had already had. There is no mention of any decrease in medication use or progress towards returning to regular work. Patient remained temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 3x4 right wrist and hand, Qty: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions, part 1, Physical medicine Page(s): 1, 7-9, 98-99.

Decision rationale: MTUS chronic pain guidelines regarding Physical therapy support active therapy and therapeutic exercise. Home exercises are also recommended as an extension of the treatment process in order to maintain improvement levels. They allow for fading of treatment frequency from 3 visits per week to 1 or less. However, guidelines also indicate that treatment must be directed at functional improvement. This requires a treatment plan with specific functional goals for treatment as well as a time-limited treatment plan which is not submitted here. Additionally, the patient at the time of this request was apparently in the process of completing an initial course of therapy, this request does not appear to reduce the frequency or total number of visits as would be appropriate if the patient was responding. There is no mention of any change in medication use or progress towards returning to regular work with the therapy and MTUS guidelines in this setting would not support additional therapy of this frequency and duration. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.